



MISSOURI
DIVISION OF MEDICAL SERVICES

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Physician Bulletin

Provider Bulletin News: Due to budget constraints, paper copies of bulletins will no longer be distributed by DMS. Bulletins are now available only at the DMS Website. http://www.dss.mo.gov/dms/pages/bulletins.htm Please note new website address.

Bulletins will remain on this site only until incorporated into the provider manuals as appropriate, then deleted.

Missouri Medicaid News: Missouri Medicaid providers may sign-up to receive automatic notifications of all bulletins and other official Missouri Medicaid communications via e-mail. Providers and other interested parties are urged to go to the DMS website to subscribe to the e-mail list.

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MC+ MANAGED CARE

The information contained in this bulletin applies to coverage by the MC+ fee-for-service and Medicaid fee-for-service programs. The MC+ fee-for-service and Medicaid fee-for-service programs also provide coverage for those services carved out of the MC+ Managed Care benefit for MC+ Managed Care enrollees. Questions regarding services included in the MC+ Managed Care benefit should be directed to the enrollee's MC+ Managed Care health plan. Please check the patient's eligibility status prior to delivering a service.

REVISION TO PHYSICIANS BULLETIN VOLUME 26, NUMBER 1 DATED SEPTEMBER 5, 2003
ADULT PHYSICALS

In order to comply with the HIPAA national standards for transactions and code sets, all Missouri Medicaid-specific procedure codes/modifiers must be replaced. Effective for dates of service on or after October 16, 2003, adult physicals, including a well woman exam (ages 21 and older) will be billed using the appropriate preventive medicine procedure codes 99385 - 99387 and 99395 - 99397. Diagnosis Codes V70.0, "Routine general medical examination at a health care facility," or V72.3, "Gynecological examination" should be used. Medicaid covers one adult "preventive" examination/physical per 12 months. Physicals are also covered when required as a condition of employment. For dates of service prior to October 16, 2003, providers should continue to bill using the appropriate office/outpatient visit procedure codes (99201-99215).

Provider Communications

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or

(573) 751-2896